| NOTICE OF ALLOWANCE MAILED | | CLAIMS ALLOWED |
|----------------------------|--|-------------------------------------|
| | Assistant Examiner. | Total Claims Print Claim for O.G |
| ISSUE FEE | | 1 DRAWING |
| Amount Due Date Paid | | Sheets Drug. Figs. Drug. Print Fig. |
| TERMINAL | Primary Examiner PREPARED FOR ISSUE | Application Examiner |
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